

MDR Tracking Number: M4-03-6254-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 4-28-03.

Date of service 4-24-02 was submitted untimely per Rule 133.307 and will not be considered further in this decision.

I. DISPUTE

Whether there should be reimbursement for CPT code 64999.

II. FINDINGS & RATIONALE

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
9-11-02	64999	\$255.00	\$0.00	N, F	DOP	General Instructions GR (III)	Respondent contends that denial based upon, "F-Submitted documentation indicates that the listed service does not meet the criteria identified in the fee guideline ground rules and/or code description for reimbursement." DOP requirements were not met, reimbursement of is not recommended.

III. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is not** entitled to reimbursement for CPT code (64999).

The above Findings and Decision are hereby issued this 28th day of January 2005.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division